



COUNCIL FOR THE PROFESSIONS
COMPLEMENTARY TO MEDICINE

Benchmarking document

Osteopathy

The Council for the Professions Complementary to Medicine is issuing this Benchmarking Document for Osteopathy in the performance of its functions as defined by Article 27 of the Health Care Professions Act, Chapter 464 of the Laws of Malta and in terms of Article 28 Health Care Professions Act, Chapter 464 of the Laws of Malta and Subsidiary Legislation 454.16 Professions Complimentary to Medicine (Licence to Practice) Regulations.

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CPCM MALTA

Introduction

This document outlines the education and language proficiency standards for osteopaths as dictated by the Council for the Professions Complementary to Medicine (CPCM) in Malta. The CPCM regulates the Allied Health Care Professions, including the entry-level professional standard for osteopaths in Malta.

These standards reflect the expectations for current practice, and professional education of osteopaths in Malta at an entry-level, within the context of the national and EU legislation that governs and regulates Health Care Professions. These standards result from a review of the professional pre-registration education standards of osteopathy, which are in line with European and world standards. Specifically, they are guided by the WHO Benchmark for the Training in Osteopathy, the European Standard on Osteopathy (EN16686), the UK Quality Assurance Agency for Higher Education Subject Benchmark Statement for Osteopathy, and the UK General Osteopathic Council Guidance for Osteopathic Pre-registration Education.

The CPCM adopts these standards to assess all applications for entry into the Osteopathy register and, therefore, practice osteopathy within Malta's jurisdiction and guide the CPCM on addressing substantive differences from these standards. These are guided within the context of the EU Directive 2013/55/EU on recognising professional qualifications and regulation. In this respect, osteopathy is governed by general legal provisions.

1. Osteopathy

Osteopathy is a primary contact and distinct patient-centred healthcare profession that emphasises the interrelationship of structure and function of the body, facilitates the body's innate ability to heal itself, and supports a whole-person approach to all aspects of health and healthy development, principally by the practice of manual treatment.

Osteopaths share a set of core competencies that enable them to practice autonomously, guiding them in the diagnosis, management, and treatment of their patients and forming the foundation for the osteopathic approach to healthcare. Osteopaths shall understand osteopathic models of health and disease and a critical awareness of relevant research and principles and practice of relevant healthcare approaches to work with, and refer to, another healthcare provider where necessary. Specifically, the following are core competencies for osteopathic practice:

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Osteopaths share a set of core competencies which enables them to practice autonomously and that guide them in the diagnosis, management and treatment of their patients and form the foundation for the osteopathic approach to healthcare. Osteopaths shall understand osteopathic models of health and disease, but also a critical awareness of relevant research and of principles and practice of relevant healthcare approaches in order to work with, and refer to, another healthcare provider where necessary.

2. Meeting the Standards

It is essential that the standards to practice safely, lawfully and effectively are met. As an independent, autonomous professional, an osteopath is expected to make informed, reasoned decisions on- and in-practice, exercising their professional judgement and ensuring that the standards are met at all times. This includes seeking advice from entities such as education providers, employers, colleagues, other healthcare providers, professional bodies and unions to safeguard the wellbeing of the service users.

The Standards of Education are divided into three areas:

- Professional entry-level qualification (pre-registration)
- Curriculum and core competencies
- Clinical Practice and Training.

Proficiency relates to the ability of the registrant to perform the duties of an osteopath with attributes that include professional behaviour, accountability, professional commitment and social responsibility, including effective communication. This includes the ability to be fully conversant in English, thus being a pre-registration requisite.

As an expression of their professional proficiency, osteopaths must be able to demonstrate the following in a range of clinical presentations:

- a. Take an appropriate case history, including:
 - i. patient profile
 - ii. presenting complaint
 - iii. full medical history (for example, psychosocial factors, trauma, medical, social and family history)
 - iv. response to previous treatment.
- b. Make an appropriate assessment of the patient's general health from the case history and the appearance and demeanour of the patient.
- c. Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system.
- d. Make an appropriate examination of the relevant body system.

- e. Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological and social and other relevant factors).
- f. Explain clinical findings accurately and clearly.
- g. Draw on well-developed and critical clinical reasoning and explain:
 - i. the significance of presenting signs and symptoms, including any uncertainty
 - ii. the differential diagnosis
 - iii. the osteopathic evaluation, including the aetiology and any suspected
 - iv. predisposing or maintaining factors
 - v. any uncertainty that may exist
 - vi. how they concluded that the case was suitable for them to treat,
 - vii. and/or required referral to another healthcare professional.
- h. Formulate a treatment and management plan based on:
 - i. the differential diagnosis
 - ii. a clear hypothesis about the aetiology and any predisposing or maintaining factors
 - iii. an understanding of the patient which is based on listening to the patient and discussing their expectations
 - iv. specific treatment aims
 - v. proposed approaches to achieve the treatment aims (including an explanation of the mechanism and the likely effect).
- i. Demonstrate how the patient was able to make an informed decision about their ongoing care, including:
 - i. the patient's expectations
 - ii. how material or significant risks associated with their proposed treatment or management plan were explained to the patient
 - iii. how the benefits of the various options offered were explained to the patient
 - iv. responses to patient questions
 - v. how the patient was able to make a decision.

- j. Confirm the initial prognosis of the effectiveness of treatment.
- k. Undertake an evaluation of the effectiveness of treatment during and at the end of the course of treatment.
- l. Reflect on a case where the expectations of the effectiveness of treatment were not met, and what actions were taken to communicate this to the patient and to seek further advice and/or refer.
- m. In the case of a referral, demonstrate:
 - i. an understanding of their personal limits of competence and the ability to refer to a more experienced osteopath or other healthcare professional when necessary
 - ii. how the patient was involved in concluding that they should be referred to a more experienced osteopath or other healthcare professional
 - iii. the course of action taken to support the patient in finding a more appropriate osteopath or other healthcare professional
 - iv. the mechanism of the referral undertaken (for example, the proposed referral letter)
 - v. the outcome of the referral, including any ensuing modification of their treatment and management plan.

2.1 Professional entry level qualification (pre-registration)

The professional entry-level into the Osteopathy Register is with a Bachelor degree in Osteopathy (or equivalent) (MQF/EQF1 level 6) – hereafter referred to as the programme. The duration of the programme is typically 4 years, full-time. However, in line with the Bologna Agreements in Europe, there will be situations in which applicants may have undertaken a Bachelor programme over 3 years. In such cases, however, osteopathic training must still meet the minimum curriculum standards as outlined in this document.

The CPCM understands that some programmes may be at, or above, the standard outlined, including pre-registration Master level programmes. In such cases, applicants will need to provide evidence that the pre-registration programme's curriculum covers the minimum standards as outlined in this document and that these standards have been met.

2.2 Curriculum and core competencies

This standard ensures that the curriculum meets the standards for professional knowledge, skills, and attitudes expected by CPCM and listed as core competencies for osteopathic practice. Therefore, the applicant would be considered fit to practise osteopathy in Malta.

An osteopathic pre-registration programme focuses on acquiring the technical, practical skills required to use osteopathic diagnostic and treatment techniques. This is achieved by closely integrating academic learning and practical skill acquisition with their application in a dedicated and closely supervised outpatient clinical environment, in the context of osteopathy's distinctive principles and philosophy. The programme must reflect the philosophy, core values, skills, and knowledge base that ensure that an applicant can work as an independent and autonomous practitioner once registered. Therefore, osteopathic students must graduate with detailed and comprehensive knowledge and understanding of the basic clinical sciences such as anatomy, physiology and pathology and excellent communication and interpersonal skills to liaise with both patients and other health professionals. The teaching and learning in these areas emphasize and is integrated with the osteopathic context so that they are guided by the distinctive nature of osteopathic principles and concepts applied to clinical practice within the context of the patient journey. Students' critical reasoning abilities for osteopathic practitioners are nurtured by combining long standing osteopathic philosophical healthcare

principles and traditions with engagement in the latest healthcare research and approaches. In addition, students are familiar with a range of clinical reasoning frameworks or models to support their application of osteopathic principles.

Applications shall be scrutinised for evidence in the curriculum that demonstrate the theory and practice and that these are combined within both the theoretical and practical parts of the programme. The curriculum must demonstrate relevance to current practice as well as uphold the established pillars of osteopathic practice. It is expected that the osteopathy pre-registration will cover the topics listed from European Standard on Osteopathy and noted in Table 1.

The curriculum must be adequate to cover several areas within healthcare practice that are relevant and necessary to work within the Maltese National Health Care system. As such, an osteopathic graduate is able to demonstrate the qualities of an autonomous patient-focused practitioner who is competent, caring, empathetic, trustworthy, professional, confident, self-aware and inquiring, and who has a high level of practical skills and problem-solving ability. They possess a highly developed knowledge base and clinical capacity to integrate multiple factors in taking a comprehensive overall approach to the individual's health needs. They exhibit the responsible professional attitudes, values and behaviours consistent with being a healthcare practitioner, including consent, safeguarding and candour. They are suitably equipped to treat patients of all ages and from diverse backgrounds. Applicants should therefore be able to demonstrate the following core competencies for osteopathic practise:

- a. A critical understanding of the principles and concepts of osteopathy to inform and guide their clinical reasoning; this includes the ability to use a range of osteopathic approaches to health, disease and illness considering the patient as a whole.
- b. detailed knowledge of human structure and function to recognise and interpret clinical signs of dysfunction and to develop appropriate treatment and management strategies.
- c. adequate knowledge of human disease to inform their clinical reasoning and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional.

- d. adequate knowledge of psychology and social determinants of health to provide context for their clinical reasoning and patient management.
- e. a critical understanding of the principles of biomechanics sufficient to apply osteopathic techniques safely and effectively.
- f. well-developed palpatory and clinical skills necessary to evaluate the normal and abnormal functioning of different body tissues and systems and inform their clinical reasoning.
- g. proficiency in physical examination and the interpretation of relevant tests and data, including results from diagnostic imaging.
- h. well-developed clinical reasoning in order to inform and guide the interpretation of clinical and other data, and to justify their clinical decision-making.
- i. proficiency in a broad range of osteopathic treatment techniques.
- j. detailed knowledge of indications and contraindications to osteopathic treatment.
- k. a critical understanding of the mechanisms of action of osteopathic manual interventions and the typical and adverse reactions to treatment.
- l. expertise in the osteopathic diagnosis and treatment of neuromusculoskeletal disorders.
- m. proficiency in health promotion and disease prevention strategies, including advice on posture, exercise and eating habits, to enable their patients to take action to improve their well-being and to adopt healthy lifestyles.
- n. provision of osteopathic care of high quality, guided by sound ethical principles whilst always ensuring patient safety.

- o. well-developed verbal and non-verbal communication skills to establish effective therapeutic relationships with their patients and to effectively communicate with colleagues and other healthcare professionals.
- p. the ability to protect themselves physically and psychologically during interactions with patients to maintain their own health.
- q. critically evaluate their practice of osteopathy through self-reflection, clinic audit, and feedback from patients and colleagues.
- r. read critically the scientific literature and incorporate evidence on their clinical practice.
- s. Develop and implement a plan for continuing professional development to maintain their professional competence profile as osteopaths.

The CPCM is aware that scope of practice as well as population needs/expectations may change over time, both on a national and international level and expects to view evidence of how applicants adhere to training that is relevant. This includes evidence of how research and academic activity are integrated into the curriculum. The CPCM will be guided by international benchmarks set by the WHO, the Osteopathic International Alliance and the European Federation and Forum for Osteopathy.

2.3 Clinical Practice and Training

This standard concerns clinical practice placements. Clinical practice placements refer to supervised clinical practice with real patients in a diverse clinical setting. Practice placements are understood to be an essential and integral part of the programme.

The clinical learning environment is focused on the integration and practical application of all theoretical, practical, and technical knowledge and skills across the programme. It provides students with a supportive, broad, progressive and well-supervised environment to develop their clinical skills. The clinical learning environment allows students to receive constructive and timely feedback on their performance from clinic tutors, patients and peers. Experiential

high-quality clinical learning arising from extensive periods of direct patient contact is central to the learning process. It is expected that students will undertake substantial supervised clinical practice within a dedicated osteopathic clinic where they can observe senior students and qualified practitioners in the early stages of their training, progressing to take increasing responsibility for their own patient lists as their experience and knowledge develop. Reflective and reflexive practice is developed and integrated into clinical practice. Clinical practice placements should be accompanied by evidence, such as a competence portfolio that demonstrates that the applicant has met the minimum competencies; and examined by peers who provide evidence for proficiency in patient evaluation and management. It should also provide evidence of no less than 1,000 hours of supervised clinical practice.

Arrangements for osteopathic clinical practice placements ensure there are:

- adequate learning opportunities for developing professional skills with real patients, paying due regard to communication and consent, case history taking, examination, evaluation and differential diagnosis, treatment and development of treatment plans, record-keeping, follow-up and referrals
- opportunities to integrate academic and theoretical learning and to develop practical skills within the therapeutic clinical encounter
- adequate numbers for each student of new, returning and continuing patient encounters and exposure to an appropriate range of presenting conditions
- appropriate staff/student ratios within the clinical setting to allow for close supervision of patient encounters by tutors, and opportunities for clinical tutorials
- appropriate opportunities for junior students to learn from observation of more senior student practitioners and for senior students gradually to take over responsibility for their own lists and to develop autonomy in patient care
- appropriate settings for clinical education within a dedicated osteopathic training clinic with adequate treatment and educational accommodation, and appropriate equipment and furnishings for high quality student experience and patient care
- appropriate clinical administrative infrastructures to support student learning and patient care
- arrangements for ongoing assessment and feedback from a variety of clinical tutors
- opportunities to develop practice management skills

- effective mechanisms for monitoring individual student clinical attendance, caseloads, and patient list profiles
- effective mechanisms for ensuring that high standards of osteopathic care and the safety of patients are maintained by guiding, developing and monitoring the professional conduct of students treating patients. Effective arrangements are required for addressing situations where students do not maintain appropriate professional conduct
- policies and procedures in place in respect to CPCM regulations for patient safety and current legislation in Malta.

As minimum criteria, the CPCM will require that applicants provide evidence that their clinical practice placement fulfil the following conditions:

- the clinical practice placements occurred within a dedicated osteopathic clinic facility with appropriate provision for the discussion of patient cases, such as adequate availability of private 'breakout' rooms/areas
- a clinical supervision ratio that would normally not exceed one tutor to four patient encounters at any point in time
- for each patient encounter, one student would normally take the lead in the care provided for the patient; other students may be present to observe the patient encounter and the total number of students assigned as a group to one tutor would not normally exceed 10
- timetabled osteopathic clinical practice placements practice of no less than 1,000 hours
- a mix of patient presentations and ensuring continuity of care so that students may follow the progress of their individual patients.
- Clinical training must be provided under the supervision and guidance of an osteopath with a minimum of 5 years' clinical experience post qualification and registered with the CPCM (if placements are held in Malta). If the placement is being held in the UK, supervisors need to be registered with the GOsC. Likewise, if held in any other country in which osteopathy is regulated, supervisors need to be registered with the country's regulatory body. In countries where osteopathy is not yet regulated, strategies to ascertain that the activity is of a clinical nature

should be in place: This may include, but is not limited to the presence of an accountable medical practitioner or registered healthcare provider, who is legally responsible for patient care within the facility.

- Teaching clinics should have the necessary license to operate as osteopathy clinics, within the guidelines of the Health Care Standards Directorate or the relevant local authority, depending on the country in which they are being held.
- Tutors, supervisors and students providing osteopathy treatment to patients should be covered with professional indemnity insurance.

The CPCM understands that progress in practical skills is logical. It develops from peer-to-peer learning in class to clinical practice placements with real patients. The learning outcomes for the first placement are different from those of the final one. Notwithstanding, the evidence for the clinical practice must be clear and distinguished from classroom practice.

The expectations of meeting these Standards of Education are that an osteopath performs without guidance or clinical supervision to manage patients with simple or complex conditions; is consistently proficient and skilled in simple and complex tasks for assessment, interventions and clinical reasoning; and consults with others to resolve unfamiliar or ambiguous situations.

Table 1: Minimum learned expectations for Osteopathy

Scientific and professional Underpinning studies	Anatomy Health-care studies and other health-care systems ICT skills Embryology Principles and philosophy of osteopathy Neurology/neuroscience Peripheral and spinal biomechanics Physiology Biochemistry Nutrition Palpatory skills and diagnosis Psychology/psychosomatics Sociology Neurology/neuroscience Pathology Applied physiology Exercise physiology Emergency support skills/first-aid Clinical methods and procedures Psychology/psychosomatics Pharmacology

	Clinical laboratory techniques
Research Studies	<p>Research methodology (quantitative and qualitative) including statistical analysis</p> <p>Critical analysis</p> <p>Research ethics</p> <p>Critical analysis</p> <p>Dissertation/research paper</p>
Clinical/professional studies	<p>Applied clinical osteopathy</p> <p>Osteopathic history, principles, and approach to healthcare</p> <p>Radiological diagnosis and clinical imaging</p> <p>Orthopaedics and trauma</p> <p>Case-analysis studies</p> <p>Professional practice management</p> <p>Obstetrics and gynaecology</p> <p>Paediatrics and osteopathic care of children</p> <p>Osteopathic technique</p> <p>Case-history taking, and patient communication</p> <p>Differential and clinical diagnosis and clinical problem-solving</p> <p>Radiological diagnosis and clinical imaging</p> <p>Osteopathic evaluation and patient management</p> <p>Professional ethics</p> <p>Nutrition and clinical dietetics</p> <p>Osteopathic sports care</p> <p>Case-analysis studies</p> <p>Applied clinical osteopathic technique</p> <p>Ergonomics</p> <p>Reflective practice</p> <p>Gynaecology and obstetrics</p> <p>Rheumatology</p>

	Osteopathic care of the elderly
Osteopathic clinical practice	Closely supervised osteopathic clinical practice in suitable clinical environment(s) (minimum 1000hrs under supervision by qualified osteopaths)

3. Language proficiency

The CPCM requires applicants to the Osteopathy register, originating from countries that do not have English as their first language, to meet the CPCM's level of Proficiency in English language. Osteopaths need to recognise barriers for effective communication and identify strategies for overcoming such barriers. Effective communication with others using written, verbal and non-verbal methods is included. Ineffective communications can jeopardise patient's safety. The minimum proficiency requirements are listed as an annex to this document.

4. Other CPCM documents to be considered in conjunction with these Benchmarks

1. Codes of Professional and ethical conduct
2. Code of Practice (Osteopathy)
3. Language proficiency

5. References

WHO Benchmark for the Training in Osteopathy

European Standard on Osteopathy (EN16686),

Quality Assurance Agency for Higher Education Subject Benchmark Statement for Osteopathy

General Osteopathic Council Guidance for Osteopathic Pre-registration Education.

This document has been prepared by the Osteopathy Subcommittee – September 2021